



ARNG Education Support Center

APPLICATION FOR GRADUATE LEVEL PROGRAM INFORMATION

Toll Free: 1-866-628-5999

Commercial: 1-501-212-4940

DSN: 962-4940

Fax: 1-501-212-4928

ESC Email: esc@pec.ngb.army.mil

Box 101

Camp Joseph T. Robinson

North Little Rock, AR 72199-9600

Applicant: _____
First Name MI Last Name Social Security Number

Gender: M ☐ F ☐ _____
Maiden Name Nickname

Applicant's Address: _____
Street or P.O. Box Apartment Number

City State Zip Code

Applicant's Telephone: (_____) _____
Work number: May we contact you at work? Yes ☐ No ☐
(_____) _____
Home number: Best time to call? AM ☐ PM ☐

Pay Entry Base Date: _____ Date of Birth: _____
MM / DD / YY MM / DD / YY
MOS: _____ Pay Grade: _____

Applicant's E-mail Address: _____
Work E-mail Address May we contact you at work? Yes ☐ No ☐

Home E-mail Address

Applicant's status with the Army National Guard: (This will be verified prior to processing)

State Assigned: ☐ Army National Guard Soldier (M-Day) Army National Guard (AGR)
☐ Spouse of an Army National Guard Soldier (Sponsor's SSN: _____)
☐ Civil Service Employee of the Army National Guard

Educational Background & Goal:

1. Where did you receive your Bachelor Degree:

College Name _____ Year Awarded _____
Major _____

2. What level of degree are you seeking now? ☐ Master's ☐ PhD

3. Preferred Area of Study: _____

In signing this section, the applicant indicates that
the information listed on this form is true and accurate: _____

Applicant's Signature

Date

In accordance with the Family Education Rights and Privacy Act of 1974, the applicant grants permission for the ARNG ESC to discuss personal education information with state Education Services Offices and partnership institutions offering military credit recognition degree programs. Personal information shall not be given to other institutions or to a third party without the applicants written permission.